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APPLICANTS

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 ** CONTINUING DATA ***** *none if*

 ** FOREIGN APPLICATIONS ***** *none if*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/29/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>eb</i> Initials				

ADDRESS

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TITLE

Noise margin self-diagnostic receiver logic

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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